	JLE A (FEC Form 3X) D RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/15 (check only one) X 11a 11b 11c 12	
Any informati	on copied from such Reports and	Statements man	Ly not be sold or used by any persoldress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
	COMMITTEE (In Full)		,,		
	Full Name (Last, First, Middle Initial) Lisa Hogan			Date of Receipt	
Mailing Ad	ddress 135 Betsy Drive			09 / 30 / 2010	
City <u>Savanna</u>	ah	State TN	Zip Code 38372	Transaction ID: SA11AI.4208 Amount of Each Receipt this Period	
	umber of contributing litical committee.	C		235.00	
Name of E Savannah	Employer Oc ah Health Care Ad		n rator	contributed amount this quarter	
Receipt Form		Aggregate	e Year-to-Date ▼ 415.00		
Full Name Brad Hopk	e (Last, First, Middle Initial) ins			Date of Receipt	
Mailing Ad	ddress 589 Westport			0 9 3 0 / Y Y Y Y Y Y Y	
City				Amount of Each Receipt this Period 300.00	
	/ umber of contributing litical committee.				
Name of E Ampharm	Employer	Occupatio Pharmac		total contributed this quarter	
Receipt Form		Aggregate	e Year-to-Date ▼ 600.00		
	ull Name (Last, First, Middle Initial) shonda Maness lailing Address 4615 Bible Grove Road			Date of Receipt	
Mailing Ad				09 30 7 2010	
City	City Lexington		Zip Code 38351	Transaction ID: SA11AI.4206	
FEC ID no	umber of contributing litical committee.	C	30331	Amount of Each Receipt this Period 240.00	
Name of E Ampharm	Name of Employer Occup Ampharm RN		n	contributed amount this quarter	
Receipt Form		Aggregate	e Year-to-Date ▼ 540.00		
SUBTOTAL	of Receipts This Page (optional)	1		775.00	